



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the

Kenneth R. Owens et al.

application of:

Serial No.:

09/692,885

Filed:

October 20, 2000

Title:

Method and Apparatus for

Detecting MPLS Network Failures

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Group Art Unit: 2661

Technology Center 2600

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Assistant Commissioner for Patents Washington, D.C. 20231

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Sir:

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Applicants enclose Form PTO/SB/08A, Information Disclosure Statement by Application, as well as a copy of each of the listed patents. This statement is provided in order to comply with 37 C.F.R. §1.56, §1.97 and §1.98.

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Respectfully submitted,

Dated: June 14, 2001

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Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 09/692,885 Application Number October 20, 2000 TRANSMITTAL Filing Date **FORM** Kenneth R. Owens et al. First Named Inventor 2661 (to be used for all correspondence after initial filing) Group Art Unit na **Examiner Name** 4910.85890 130 Attorney Docket Number Total Number of Pages in This Submission **ENCLOSURES** (check all that apply) After Allowance Communication Assignment Papers Fee Transmittal Form (for an Application) to Group Appeal Communication to Board Fee Attached Drawing(s) of Appeals and Interferences Appeal Communication to Group Licensing-related Papers Amendment / Reply (Appeal Notice, Brief, Reply Brief) Petition After Final Proprietary Information Petition to Convert to a Affidavits/declaration(s) Provisional Application Status Letter Power of Attorney, Revocation Change of Correspondence Address Other Enclosure(s) (please Extension of Time Request identify below): Terminal Disclaimer -Copies of cited references **Express Abandonment Request** -Information Disclosure Statement cover Request for Refund letter and duplicate -Return Postcard Information Disclosure Statement CD, Number of CD(s). Certified Copy of Priority Document(s) Remarks Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Christopher P. Moreno Individual name mor Signature Date **CERTIFICATE OF MAILING** I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as "Express Mail

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Christine A. Jaszkowski Typed or printed name Signature Mu Icu Date

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